

Michigan Department of Community Health  
**Board of Pharmacy**  
P.O. Box 30670  
Lansing MI 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

Board Use - Only
Date of Approval:

## APPLICATION FOR APPROVAL AS A PRECEPTOR

Authority: Public Act 368 of 1978, as amended

Any Michigan licensed pharmacist who would like to train a pharmacist intern must submit this completed application for approval as a preceptor to the Michigan Board of Pharmacy. You will receive written notification when your application is approved.

**INSTRUCTIONS:** This application must be submitted to the Michigan Board of Pharmacy. Type or print only.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state pharmacist license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever applied for a preceptor license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you been licensed in Michigan for longer than one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

11. Do you hold or have you ever held a pharmacist license in any other state? If Yes, list each state, the license number, the date issued, and the source for the license (either endorsement or examination). You must have each state board verify the license directly to this board office. (Attach additional sheets, if necessary) ☐ Yes ☐ No

State	License Number	Date of Issue	How Obtained (Endorsement or examination)

### CERTIFICATION

I certify that I have read Board of Pharmacy Administrative Rule 338.473c and accept the responsibility required of a preceptor and will comply with all requirements of Board rules.

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of any application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date